



Miami-Dade County Public Schools

giving our students the world

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March 28, 2022

Dear Parents/Guardians:

Since 1993, the Miami-Dade County Public Schools (MDCPS) has participated in "Take Our Daughters and Sons to Work Day." This nationally-recognized program initiated by the Ms. Foundation for Women, enables girls and boys to accompany their adult mentors, parents, guardians, grandparents or other relatives and friends to work on Thursday, April 28, 2022.

Spending the day at the workplace with parents or other adult mentors can be a valuable experience. Therefore, this opportunity is being extended again to all Air Base K-8 Center students in grades three through eight. The age and maturity of the participating students should be considered by the parents or guardian and advanced arrangements made with your employer to ensure cooperation. Of course, safety is a primary concern for all participating in this event.

As in previous years, participating students must notify their schools prior to "Take Our Daughters and Sons to Work Day." Provided that special instructions for participation are adhered to, the day will be recorded as an official field trip and will not be counted as an absence from school.

Parents who would like to have their children participate in this activity will need to complete the form on the other side of this letter and return by Wednesday, April 27, 2022. If you have any questions, please call 305-258-3676.

Respectfully,

Alonza Pendergrass

Alonza Pendergrass, Principal

Air Base K-8 Center for International Education # 0041

Cambridge Program

Magnet Schools of America School of Excellence & Nationally Certified Demonstration School



MIAMI-DADE COUNTY PUBLIC SCHOOLS PARENT PERMISSION FORM -- FIELD TRIP

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

SECTION I. IDENTIFYING INFORMATION

SCHOOL Air Base K-8 Center DATE March 28, 2022
STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR _____

SECTION II. NOTIFICATION TO PARENT

Air Base K-8 Center is planning a field trip for Third - Eighth Grade Students to Take Daughters & Sons to W
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is To strengthen the connection between education, work and parent-children relationships.

TRANSPORTATION: Private Vehicle _____ Bus _____ Airline _____ Other _____
Name of Carrier Please Specify

This trip will be chaperoned by _____ Cost to each student \$ 0
(Total Number of Chaperones)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Bash, football games, banquets, etc.)

DATE(S) OF TRIP : (Include departure/return time) FROM Thursday, April 28, 2022 TO Thursday, April 28, 2022

--The above time schedule and/or personnel may be changed due to unforeseen circumstances. --

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ Student I.D. No. _____
(Child's Name)

to participate in the field trip to Take Daughters & Sons to Work Day (Parent's Work Location)
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM Thursday, April 28, 2022 TO Thursday, April 28, 2022

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SECTION IV. EMERGENCY CONTACT INFORMATION

1. Name of parent/guardian _____

2. Parent/Guardian Phone No(s). Home _____ Business _____ Cell _____

3. In case parent/guardian cannot be reached, please contact: _____ Relationship _____ Telephone No. _____

4. Please list any insurance policy covering your child _____ Policy No. _____

5. Physician's Name _____ Telephone No. _____

5. Only if applicable, complete the following:

a. My child has the following medical problem: _____

b. My child takes the following medications regularly: _____
(Proper Medical form #2702 is on file at the school)

c. My child has the following allergies: _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.

PARENT/GUARDIAN SIGNATURE _____ DATE _____